UNITED STATES DISTRICT COURT for the

Di	strict c	of	-
	D	ivision	
Plaintiff(s) (Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.) -V-)	Case No.	(to be filled in by the Clerk's Office)
Defendant(s) (Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.))))		

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

		Defendant No. 3			
		Name	DALJON PAGE	2	
		Job or Title (if known)	(0		
		Shield Number	'2 Sold	NTOISCLOSE	
		Employer	SPECTH CENTRAL CARRE	CTIONAL LENTER	
		Address	255 WEST HWY 32		<u> </u>
			LICKING	Mit	65542
			City	State	Zip Code
			Individual capacity	Official capa	city
		Defendant No. 4			
		Name	THOUSE		
		Job or Title (if known)	Čŏ		
		Shield Number	? [00]	UT DISCLUSE	
		Employer			_
		Address			
			LECKEUC	MO	65542
			City	State	Zip Code
			Individual capacity	✓ Official capa	city
II.	Basis	for Jurisdiction			
	immur Federa	42 U.S.C. § 1983, you may sue state on ities secured by the Constitution and [all Bureau of Narcotics, 403 U.S. 388 (autional rights.	federal laws]." Under Bive	ns v. Six Unknown	Named Agents of
	A.	Are you bringing suit against (check a	ll that apply):		
		Federal officials (a Bivens claim			
			•		
		State or local officials (a § 1983	claim)		
	B.	Section 1983 allows claims alleging the Constitution and [federal laws]." federal constitutional or statutory right	42 U.S.C. § 1983. If you a	are suing under sec	tion 1983, what
		RELIGIOUS RICHTS, MEDICAL	TREATMENT VIOLATEON OF	CLYPTEL DEVILLE	S ZUSZAE BODY
	C.	Plaintiffs suing under <i>Bivens</i> may onlare suing under <i>Bivens</i> , what constitution			

ro Se 1	4 (Rev. 12/1	(6) Complaint for Violation of Civil Rights (Prisoner)
	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under <i>Bivens</i> , explain how each defendant acted under color of federal law. Attach additional pages if needed.
		THEY WHERE ALL ON SHIFT WHEN I LAS INCELL 123 AS AND FEDME CRYPTIC DEVICES IN SOLAMA
П.	Prison	er Status
	Indicat	te whether you are a prisoner or other confined person as follows (check all that apply):
		Pretrial detainee
		Civilly committed detainee
		Immigration detainee
	V	Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
7.	Statem	ent of Claim
	alleged further any cas	briefly as possible the facts of your case. Describe how each defendant was personally involved in the wrongful action, along with the dates and locations of all relevant events. You may wish to include details such as the names of other persons involved in the events giving rise to your claims. Do not cite es or statutes. If more than one claim is asserted, number each claim and write a short and plain nt of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
	В.	If the events giving rise to your claim arose in an institution, describe where and when they arose.
		ALL THEN FEO ME ON SHIFT BEGETHER IN 20 223 AND FEO MY CRYPTIC DEVICES IN SOLAND THAT MADE THE HEAR, SEE AND SEE THINGS, THE CANDED PERVANT MENTAL ISSES THAT AFFACT ME EVERY

C. V	What date and	approximate:	time did	the events	giving	rise to v	your claim(s)	occur?
------	---------------	--------------	----------	------------	--------	-----------	---------------	--------

MOVEMBER ATRIMICE THEY WANT RELEASE MY WASTE UP TO ENGLEXALTY THE DATE DELICE AFFECT

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

ALL DEFENDET WHERE DIVILIED AND CAUSCATED TO FEED ME ILLEGAL DENDUCES CRIPTIZE DEVICES AND FLEW ELETICIDED FLYS INSIGNE MY DEBARS

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

LUMPS INSIDE NECC, TESTICALS; COLANDO, DEVICED STUCK INSIDE TESTICALS; STORACH ANTES AND GRAIN

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

CHET ME DE PROPER MEDICAL ATTENTION AND SCREENINGS FOR CANCER

VIL Exhaustion of Administrative Remedies Administrative Procedures

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted."

Administrative remedies are also known as grievance procedures. Your case may be dismissed if you have not exhausted your administrative remedies.

A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?
	Yes
	□ No
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).
	SOUTH LENTRAL CORRECTIONAL CENTER
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?
	Yes
	□ No
	Do not know
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?
	Yes
	₩ No
	Do not know
	If yes, which claim(s)?
	THEY WANT RESPOND

D.	concerning the facts relating to this complaint?
	Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	Yes
	No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	IN SOUTH CENTRAL CORRECTIONAL CENTER TO CHRISTPHUR WESLEY AWID CASE WERER THOUSAN
	2. What did you claim in your grievance?
	MOW THEY FED MY CRYPTIC DEVICES SERVAL TIMES IN CRO, AWD REGLUAR
	3. What was the result, if any?
	NO RESPONSE TO MOST IMPORTANT THE BUT THE ON FILE ABOUT CHO FROM
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If
	not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	FFLE ITERS AND DEVICES DESTROY MEMERBY OF SERVAL DIFFERNT DATES AND DEVICE
	I IN THE WAS DESTING MENTING OF SELVER BEHARNI DIVES WAS DEATH

VIII.

F.	Ify	ou did not file a grievance:
	1.	If there are any reasons why you did not file a grievance, state them here:
		I DID ON ONE CAD RELIGIOUS VIOLATION BUT NO RESPONSE TO ENITIEE STRUCTION
	2.	If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
		NURSES DESTENEY, TIFFANY, SHEA, CARLOINE, TERM
G.	Plea rem	ase set forth any additional information that is relevant to the exhaustion of your administrative nedies.
Previo	adn	te: You may attach as exhibits to this complaint any documents related to the exhaustion of your ministrative remedies.)
The "th the filin brought malicion	ree st g fee an ad us, or	rikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, ction or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, fails to state a claim upon which relief may be granted, unless the prisoner is under imminent ious physical injury." 28 U.S.C. § 1915(g).
To the b	est o	f your knowledge, have you had a case dismissed based on this "three strikes rule"?
Ye	S	
No		
If yes, s	tate v	which court dismissed your case, when this occurred, and attach a copy of the order if possible.

	ave you filed other lawsuits in state or federal court dealing with the same facts involved in this ction?
	Yes
Ī	No
If m	your answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is ore than one lawsuit, describe the additional lawsuits on another page, using the same format.)
1.	Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s)
2.	Court (if federal court, name the district; if state court, name the county and State)
3.	Docket or index number
4.	Name of Judge assigned to your case
5.	Approximate date of filing lawsuit
6.	Is the case still pending?
	Yes
	No
	If no, give the approximate date of disposition.
7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)
	ve you filed other lawsuits in state or federal court otherwise relating to the conditions of your prisonment?

Pro Se 14 (Rev. 12/1	6) Complaint for Violation of Civil Rights (Prisoner)
	Yes
	No No
D.	If your answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1. Parties to the previous lawsuit
	Plaintiff(s)
	Defendant(s)
	2. Court (if federal court, name the district; if state court, name the county and State)
	3. Docket or index number
	4. Name of Judge assigned to your case
	5. Approximate date of filing lawsuit
	6. Is the case still pending? Yes
	If no, give the approximate date of disposition
	7. What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

I agree to provide the Clerk's Office with any changes to my address where case—related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Signature of Plaintiff	Ul Thurse	<u>.</u> .	
Printed Name of Plaintiff	TERRIQUE THOMPSON		
Prison Identification #	12807iL		
Prison Address	285 WEST HWY 32		
	LICKING	MO	65542
	Cîty	State	Zip Coa
For Attorneys			
Date of signing:			
Signature of Attorney			
Printed Name of Attorney			
Bar Number		-	
Name of Law Firm			
Address			
	City	State	Zip Cod
			4
Telephone Number			

MIC IMICICITATION ING, MO. 6 5542 WESTHWY32

2023 APR 10 PM 12: 11

This mail is from an offender in the custody of the MO Department of Corrections

ISIO WHITTAKER COURT HOUSE ANSAS CITY, MO 64/06 NINTH ST